

**Thomas Jefferson National Accelerator Facility**  
**Medical Services**  
**12000 Jefferson Avenue, MS 28C**  
**Newport News, VA 23606**  
**Phone: 757-269-7359 Fax: 757-269-7881**



NAME: \_\_\_\_\_ S.S#: \_\_\_\_\_

Influenza is a viral infection resulting in a combination of symptoms including fever, sore throat, cough, fatigue and body aches. The infection can be more severe by invading the lungs and causing pneumonia.

Influenza vaccine is given to prevent certain types of flu. However, it is not effective on all types of flu. Annual vaccination is recommended for all people who are at higher than average risk for or from infection. High risk groups include :

- persons with heart disease and circulatory disorders.
- persons with chronic lung disorders, asthma, bronchitis, T.B., emphysema.
- persons with chronic kidney disease.
- persons with conditions which effect the immune system.
- persons age 65 and over, especially nursing home residents.

Possible side effects include but are not limited to:

- Slight to moderate tenderness and redness at the injection site.
- Fever, fatigue and body aches within 6 - 12 hours after injection lasting 1 - 2 days.
- Immediate allergic reaction including hives, breathing difficulty, swelling around lips, eyes and tongue.
- Guillian-Barre Syndrome, an uncommon illness characterized by paralysis.

|  | <u>Please Circle Your Answer</u> |    |
|--|----------------------------------|----|
|  | Yes                              | No |
| Have you in the past had an adverse reaction to flu shot or any other vaccine?   |                                  |    |
| Are you now or have you recently been ill or had a fever?  | Yes                              | No |
| Have you received any vaccines in the past 48 hours?   | Yes                              | No |
| Is there any chance that you are pregnant?   | Yes                              | No |
| Do you have an allergy or sensitivity to egg, thimerosal, formaldehyde, or gentamycin?   | Yes                              | No |
| Have you recently received anticoagulation ("blood thinning") therapy (other than aspirin)?  | Yes                              | No |
| Do you have any respiratory infection or symptoms at this time?  | Yes                              | No |
| Do you have any immune deficiency disease or are you receiving immunosuppressive Therapy such as irradiation, corticosteroids or chemotherapy? | Yes                              | No |

If you answered YES to any of the questions above, please explain: \_\_\_\_\_

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## **NOTICE AND CONSENT**

Vaccinations for influenza are offered to Jefferson Lab employees at no cost to the individual. Participation in this program is strictly voluntary.

Certain side effects of the influenza vaccine are possible. They are generally mild in adults and occur infrequently, and are more common in children. Tenderness, redness and swelling at the injection site along with general achiness can last one to three days. Allergic reactions, if any, are usually immediate; therefore, we ask that you remain here for twenty minutes after your injection.

In addition to the side effects described above, there is no guarantee that there cannot be other harmful or fatal side effects.

My signature below shall serve as my consent to this vaccination and I hereby release Jefferson Lab, the DOE and the health professionals administering this program from any liability resulting from this program.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

### **CERTIFICATION OF ADMINISTRATION OF VACCINE**

I have administered to \_\_\_\_\_ Influenza vaccine on \_\_\_\_\_  
\_\_\_\_\_ in the \_\_\_\_\_

OCCUPATIONAL HEALTH NURSE SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_ Temperature: \_\_\_\_\_

LOT# \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

Manufacturer \_\_\_\_\_

CDC Handout "Influenza Vaccine 1996-97" given to employee \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_